Late Contribution Report

Type or print in ink.
Amounts may be rounded to whole dollars.

NAME OF FILER California Republican Party - State	

AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 810163	**Date of This Filing** ___09/21/2020___	Date Stamp
STREET ADDRESS		**Report No.** ___200921.2___	
		☐ **Amendment to Report No.** _____ (explain below)	Page 1 of 2
CITY Sacramento	STATE CA ZIP CODE 95814	**No. of Pages** ___2___	

CALIFORNIA FORM 497

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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
09/21/2020	Yes on 22 - Save App-Based Jobs & Services: A Coalition of On-Demand Drivers and Platforms, Small Businesses, Public Safety San Rafael, CA 94901 ID# 1422181	☐ IND ☑ COM ☐ OTH ☐ PTY ☐ SCC		$2,000,000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

*Contributor Codes

IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC)	SCC - Small Contributor Committee
OTH - Other	

Reason for Amendment:

FPPC Form 497(June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC

2503397-0

Late Contribution Report

NAME OF FILER
California Republican Party - State

CALIFORNIA FORM 497

Date of This Filing	09/21/2020

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Page 2 of 2

CITY
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No. of Pages 2

Late Contribution(s) Made

DATE MADE	FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT **(IF COMMITTEE, ALSO ENTER I.D. NUMBER)**	CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION	AMOUNT OF CONTRIBUTION	DATE OF ELECTION **(IF APPLICABLE)**

Reason for Amendment:

2503397-0